

## Application Data Sheet

### APPLICATION INFORMATION

Application Number::  
Filing Date:: November 12, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?:: No  
Number of Copies of CRF::  
Title:: TRANSMITTER AND RECEIVER CIRCUITS  
WITH CONTROLLER-LESS OPERATION  
CAPABILITY  
Attorney Docket Number:: P1978US  
Request for Early Publication?:: No  
Request for Non-Publication?:: Yes  
Suggested Drawing Figure::  
Total Drawing Sheets:: 4  
Small Entity?:: No  
Latin Name::  
Variety denomination name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Wayne  
Middle Name:: T.  
Family Name:: Holcombe  
City of Residence:: Mountain View  
State or Prov. of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 1348 Isabelle Avenue  
City of mailing address:: Mountain View  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94040

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Hungary  
Status:: Full Capacity  
Given Name:: András  
Middle Name::  
Family Name:: Hegyi  
City of Residence:: Székesfehérvár  
State or Prov. of Residence::  
Country of Residence:: Hungary  
Street of mailing address:: Vértanú u. 41  
City of mailing address:: Székesfehérvár  
State or Province of mailing address::  
Country of mailing address:: Hungary  
Postal or Zip Code of mailing address:: 8000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Hungary  
Status:: Full Capacity  
Given Name:: Tibor  
Middle Name::  
Family Name:: Keller  
City of Residence:: Budakeszi  
State or Prov. of Residence::  
Country of Residence:: Hungary  
Street of mailing address::  
City of mailing address:: Budakeszi  
State or Province of mailing address:: Székely u. 16  
Country of mailing address:: Hungary  
Postal or Zip Code of mailing address:: 2092

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Hungary  
Status:: Full Capacity  
Given Name:: Vince  
Middle Name:: A.  
Family Name:: Horváth  
City of Residence:: Budapest  
State or Prov. of Residence::  
Country of Residence:: Hungary  
Street of mailing address:: Caprera u. 5  
City of mailing address:: Budapest  
State or Province of mailing address::  
Country of mailing address:: Hungary  
Postal or Zip Code of mailing address:: 1164

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: The Netherlands  
Status:: Full Capacity  
Given Name:: Matthijs  
Middle Name:: D.  
Family Name:: Pardoen  
City of Residence:: Mountain View  
State or Prov. of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 319 Thompson Avenue  
City of mailing address:: Mountain View  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94043

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Hungary  
Status:: Full Capacity  
Given Name:: János  
Middle Name::  
Family Name:: Erdélyi  
City of Residence:: Dunakeszi  
State or Prov. of Residence::  
Country of Residence:: Hungary  
Street of mailing address:: Bródy Sándor u. 5  
City of mailing address:: Dunakeszi  
State or Province of mailing address::  
Country of mailing address:: Hungary  
Postal or Zip Code of mailing address:: 2120

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 08968  
Phone:: 312-644-3000  
Fax:: 312-644-3381  
E-mail Address:: ipdocket@gcd.com

## **REPRESENTATIVE INFORMATION**

Representative Customer Number: 08968

Representative Designation:                      Registration Number:                      Representative Name:

## **DOMESTIC PRIORITY INFORMATION**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This application	claiming the benefit under 35 USC 119(e)	60/425,473	12 November 2002

## **FOREIGN APPLICATION INFORMATION**

Country:                      Application Number:                      Filing Date:                      Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name:: Integration Associates Inc.  
Street of mailing address:: 110 Pioneer Way, Unit L  
City of mailing address:: Mountain View  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94040

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